

EBD – Second Party Review Tool

Case Name: _____ Worker Name: _____

Case Number: _____ X#: _____ Zone: _____

PP SSN: _____ Benefit Review Month: _____

Reviewed by: _____ Case read date: _____

Benefit Allotment: \$ _____ Correct Benefit Amount: \$ _____

Error Amount: \$ _____ under / over Follow up Needed? YES NO

Elements Correct? YES NO

If No please comment: _____

520 Application/Recertification (Ref. FSH 2.1.1 and 2.2.1)**ACPA ANRH ACCC**

Is there a completed/signed application for the current certification period? Yes No

ACPA date: _____ Interview date: _____

Was an Application/Registration/DOC 1 applied correctly? Yes No N/A

Date Signed: _____

SSN	DXSA	DXSX	DXQW	DXLI

150 Household Composition (Ref. FSH 3.0)**ANID ANHR**

Correct FS unit/group determination? Yes No N/A

If No: ___ Eligible person excluded? (i.e. child under age 22; incorrect sanction; eligible student)

___ Ineligible person included? (i.e. sanctioned person; ineligible student)

331 RSDI/SSDI or 333 SSI and/or State SSI Supplement (Ref. FSH 4.3.4.1)**DXSX DXSA ANDI AFUI AFDU**

Correct unearned income budgeted? Yes No N/A

If No: ___ Failed to act on crossmatch ___ Failed to code ANDI correctly

___ Failed to include all income sources ___ Failed to act on a reported change of income

___ Used incorrect pay amount ___ Income ended and not updated

___ Failed to request verification ___ Failed to act on verification received

___ Changed auto-updated SSI income

365 Medical Expenses (Ref FSH 4.6.4)

AQIE AFME AFMI AFMC AFMD

Correct Medical Expenses budgeted? Yes No NA

If No: ___ Incorrect time frame used and/or average monthly amount incorrect

___ Failed to use allowable MA deductible expense in budget

___ Failed to use Medicare premium in budget

___ Individual eligible for MA or other insurance, covered expenses allowed

___ Medicare and/or insurance premiums incorrect

363 Shelter Expenses (Ref: FSH 4.6.7.1)

ANHQ AFSC EFAD

Correct monthly mortgage/rent budgeted? Yes No N/A

If No: ___ Failed to code ANDI correctly to lift shelter cap

___ Failed to address subsidy/rent assistance

___ Failed to correctly address Property Tax, Homeowner's Insurance

___ Failed to correctly determine the expense from shared shelter

___ Deduction allowed that should not have been including arrearages, security deposit, or misc. expenses included in rent

___ Failed to act on a reported change in residence correctly

___ Failed to act on a reported change in expense correctly

___ Lack of adequate verification

364 Utility Expenses (Ref: FSH 4.6.7.2)

DXLI AFTQ AFUC

Correct monthly utility obligation budgeted? Yes No N/A

If No: ___ LIHEAP at current address during current or previous heating season, AFTQ not updated

___ Heat included in rent, but allowed heat standard

___ Responsible for heat, heat standard not given

___ Other deduction allowed that should not have been

___ Lack of adequate verification